



MORRIS CATHOLIC H.S.

WHEN: SATURDAY, JUNE 25, 2011, 9AM DIVISIONS 1-3, 12 NOON DIVISIONS 4-6

WHERE: MORRIS CATHOLIC H.S, 200 MORRIS AVE; DENVER NJ 07834. ON FOUR (4) MATS

WHAT: THIS IS A ROUND ROBIN TOURNAMENT. OUR GOAL IS FOR EACH PARTICIPANT TO WRESTLE IN 2-3 MATCHES. MAXIMUM OF 96 PARTICIPANTS EACH SESSION. CHALLENGE MATCHES @ THE CONCLUSION OF ROUND 2. AWARDS: 1ST, 2ND, AND 3RD

WHO: DIVISION 1: 6 & UNDER, DIVISION 2: 8 & UNDER, DIVISION 3: 10 & UNDER, DIVISION 4: 12 & UNDER, DIVISION 5: 14 & UNDER, DIVISION 6: 17 & UNDER. AGE AS OF 12/31/10

WEIGH-INS: THURSDAY, JUNE 23, 2011 @ STANDRIDGE ACADEMY 87 BASSETT HWY; DOVER NJ 07801. SATELLITE WEIGH INS UPON REQUEST. MUST BE PRE-REGISTERED FOR A SATELLITE. THIS IS A MADISON SYSTEM WEIGH IN TOURNAMENT. WRESTLERS PAIRED IN GROUPS OF 2, 3, 4, OR 5, BY WEIGHT, AGE, EXPERIENCE AND TEAM/TOWN. TOURNAMENT DIRECTOR RESERVES ALL RIGHTS TO PAIRING/SEEDING

FEES: \$20 ACADEMY & JWAY MEMBERS, \$25 ALL OTHERS. \$10 LATE FEE (POSTMARK AFTER 6/18/2011) VOUCHER MAY BE USED FOR FUTURE STANDRIDGE SPONSORED EVENTS, PROVIDED CANCELLATION IS RECEIVED PRIOR TO 6/24. NO REFUNDS! CHECKS PAYABLE TO: STANDRIDGE ACADEMY, MAIL TO: RON STANDRIDGE 9 REBECCA CT. RANDOLPH NJ, 07869. QUESTIONS, CALL RON @ (973) 989-8231.

ADMISSION: ADULTS \$5, CHILDREN FREE,

RULES: MODIFIED NJSIAA, THREE 1 MINUTE PERIODS FOR DIVISIONS 1, 2, & 3. THREE 1 1/2 MINUTE PERIODS' DIVISIONS 5, 6 & 7. OVERTIMES WILL BE A 30 SECOND RIDE OUT, CHOICE TO WHOEVER SCORED FIRST, NO SCORE, REFEREE FLIPS DISC FOR CHOICE.

+++++DETACH+++++

NAME _____ FIRST _____ D.O.B. / / AGE _____ GRADE _____ YRS. EXP. _____

EMAIL _____ ADDRESS _____ TOWN _____ ZIP _____

PARENT/CELL _____ () _____ COACHES EMAIL _____

DIVISION: (CIRCLE) 1—2—3—4—5—6 AGE _____ D.O.B. / / GRADE _____ YRS EXP _____ WEIGHT _____

I agree to allow my child to participate in the standridge academy wrestling tournament. I do so @ my child's own risk and of our own free will. I will not in any way hold liable standridge academy owner(s), workers, referees, Barnish Properties, or Morris Catholic H.S. for any injuries that my child may receive directly or indirectly traveling to or competing therein. I certify the information given on this registration form is correct. I understand that if my child has any suspicious skin markings that s/he may not be permitted to participate in the event/ tournament without a doctor's note stating that the wrestler is free of any contagious skin diseases.

PARENT SIGNATURE _____ DATE _____

+++++DO NOT WRITE BELOW THIS LINE/POINT+++++

CASH _____ CHECK # _____ MONEY ORDER _____ JWAY# _____ BALANCE DUE _____ MADISON WT. _____